

## KGHPS FACILITY ENGAGEMENT FUNDING APPLICATION

Please complete this Activity Intake Form for new, proposed engagement activities and submit to the KGH Physicians Society [Admin@KelownaPhysiciansSociety.ca](mailto:Admin@KelownaPhysiciansSociety.ca) **no later than the last day of each month** for approval. *(Please review Funding Guideline 002 – [click or tap here](#))*

[Appendix A: Key Project Attributes](#)

[Appendix B: Measuring Activity Success – Examples](#)

[Appendix C: Activity Assessment](#)

i. ACTIVITY BACKGROUND			
<b>Name of Applicant(s)</b>			
<b>Name of IH Sponsor (if applicable)</b>			
<b>Contact Email Address(es)</b>			
<b>Contact Telephone Number(s)</b>			
<b>Activity Title</b>			
<b>Proposed Timeframe</b> <i>(Please check box)</i>	<input type="checkbox"/> Less than 3 months	<input type="checkbox"/> 3-6 Months	
	<input type="checkbox"/> 6-12 Months	<input type="checkbox"/> More than 12 Months	
<b>Activity Purpose / Summary</b> <i>Should include the problem/issue that the activity is addressing, approach and expected outcomes for the work. See Appendix A or key attributes present in successful activities.</i>			
<b>How will you measure your activity's success in each objective?</b> <i>(e.g., your evaluation strategy; how do you know the change resulted in an improvement in engagement?)</i> See <a href="#">Appendix B</a> for assistance.			
OBJECTIVE	METRIC	DATA SOURCE	CRITERIA FOR SUCCESS / GOAL

**What other sources are you receiving funds from for this or related work?** *Please provide dollar amount.*

- Physician Quality Improvement
- Health System Redesign funding
- Research grant
- HA contribution (resources, staff time, etc.)
- Other, please specify:

**This activity aligns with the following strategic priorities.** *(Check all that apply.)*

- MSA priority, please specify:
  
- Facility / Health Authority priority, please specify:

## ii. STAKEHOLDER ENGAGEMENT

Any proposed activities involving patient care, work flow, environment, data analytics, allied health, resources for sustainability would benefit from early consultation with stakeholders.

**Stakeholders involved** *(Check all that apply.)*

- Physicians
- Departments / Divisions
- Allied care providers
- Partner organizations
- Health authority administration
- I need help with the appropriate contacts
- Not applicable

**Identify specific stakeholders contacted/involved.**

Name	Title	Department	Contribution

### iii. PROPOSED BUDGET

Please complete the proposed budget to the end of the fiscal year. When budgeting for the fiscal year, consider the estimation of costs required to reach required milestones. For approved engagement activities, Leads and Project Managers should continuously monitor the progress of the budget with respect to the milestones. If an activity experiences unexpected delays (e.g., into the next fiscal year), the activity budget should be adjusted accordingly to free up the allocated budget.

- **Sessional fees** are \$171.05 per hour
- **Meal Expenses for dinner meetings:** Maximum of \$40.00 per person (including gratuities, taxes, and service fees). Alcohol cannot be funded.
- Funding cannot be provided for retroactive projects except for up to 3 hours for Project Lead for working on application.

**Sessional fees and expense claims must be submitted in FEMS within 90 days of the meeting or activity taking place; otherwise, it will be rejected by FEMS.** Please be sure to complete the 'Description' field in FEMS and enter sessional time as it occurs rather than one lump sum.

The Director, Facility Engagement can assist you in developing the Project Budget within the guidelines.

EXPENSES	TO MARCH 31 <sup>ST</sup>	AFTER MARCH 31 <sup>ST</sup>	TOTAL
<b>Physician Expenses</b>			
Sessionals			
Meals			
Venue			
<b>Project Support</b>			
Project Management <i>(Rate x hours)</i>			
Administrative Support <i>(Rate x hours)</i>			
Monitoring and Evaluation <i>(e.g., hiring a consultant to evaluate the success of the engagement activity)</i>			
Other Costs <i>(e.g., travel, consultants)</i>			
<b>Total requested</b>			

**iv. HEALTH AUTHORITY (HA) ENGAGEMENT**

Any proposed activities involving patient care, flow, environment, data analytics, allied health, resources for sustainability would benefit from early consultation with HA.

Indicate how/if the HA has been/will be informed of the activity, consulted with, involved, and/or a collaborative partner, as applicable.

- This project would benefit from HA involvement as it required input, data, implementation, financial or in-kind resources etc.
- I need help finding the appropriate HA contacts.
- I am aware of the appropriate HA contacts and have included them below:

Name	Title	Department	Contribution

**IN SUBMITTING THIS PROPOSAL, I ACKNOWLEDGE:**

- I will submit quarterly reports to update on activity status (such as budget progress, barriers and risks and activity changes) to the KGH Physicians Society project staff.
- This proposal may be circulated to adjudication committees, partners, and funders as appropriate.
- I have received written approval from my Division / Department head for this work (where applicable).

**Engagement Activity Approval**

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Physician Lead Approval

Date

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Health Authority Sponsor  
*(Where applicable)*

Date

For review: April 1, 2024

## APPENDIX A KEY PROJECT ATTRIBUTES

The following six attributes were found to be present in highly successful FE-funded activities. This list can serve as a useful reference point when reviewing activity proposals, as well as during project planning.

1. The aim of this project / activity is to solve a problem.
2. This project / activity is strategically aligned with MSA / health authority priorities.
3. MSA members and / or administrators impacted by this problem will be involved.
4. This project / activity is physician-led and championed.
5. There are staff to support the operations of this project / activity.
6. Outcomes will be assessed.

## APPENDIX B MEASURING ACTIVITY SUCCESS - EXAMPLES

OBJECTIVE	METRIC	DATA SOURCE	CRITERIA FOR SUCCESS / GOAL
<b>OBJECTIVE 1:</b> Participants will be satisfied with xx event	Being consulted	Event evaluation form	90% of participants were satisfied with the event
<b>OBJECTIVE 2:</b> Physicians will participate in xx re-occurring meeting	% of participants satisfied	Re-occurring meeting attendance rate	90% of invited physicians attend the meetings
<b>OBJECTIVE 3:</b> Participants of xx sub-committee will have improved communication with their colleagues	% of invited physicians attending meeting	Re-occurring meeting satisfaction form	75% of attendees agree (4 and 5 on rating scale) that the sub-committee increased communication with their colleagues
<b>OBJECTIVE 4:</b> The recommendations from xx activity will be implemented	% of participants who report improved communication with colleagues	Impact Assessment Questionnaire	The project / activity achieved operational impact ( <i>i.e., on MSA members' work environment or patient care</i> )

## APPENDIX C ACTIVITY ASSESSMENT

The assessment criteria below can be used as a guide to tailor your proposal.

ASSESSMENT CRITERIA					
Please circle the number that reflects your assessment of each of the following.		1 = Very Little / 5 = Very Much			
1.	IMPACT: Will this activity influence positive change for the medical staff's work environment or patient care?	1	2	3	4 5
2.	IMPACT: Does this activity aim to better understand a problem / issue at the facility?	1	2	3	4 5
3.	TRUST: Does this activity foster meaningful interactions (e.g., trust, transparency, and respect) between physicians or between physicians and health authority partners?	1	2	3	4 5
4.	PHYSICIAN SUPPORT: Is this activity supported by a broad spectrum of physicians at this site (e.g., multiple departments, multiple disciplines)?	1	2	3	4 5
5.	OWNERSHIP: Is this activity locally relevant?	1	2	3	4 5
6.	OWNERSHIP: Is the KGHPS the appropriate funding source for this activity?	1	2	3	4 5
7.	HEALTH AUTHORITY SUPPORT (IF APPLICABLE) Does this activity have health authority support (e.g., health authority sponsor or funding / in-kind commitment)?	1	2	3	4 5
8.	HEALTH AUTHORITY SUPPORT (IF APPLICABLE): If the engagement activity is in collaboration with the Health Authority, has the Lead of Project Management discussed and aligned project/activity timelines with them?	1	2	3	4 5
9.	ACCOUNTABILITY: Would the MSA be able to publicly defend the proposed initiative as an appropriate use of public funding?	1	2	3	4 5
10.	Memorandum of Understanding (MOU) ALIGNMENT: Does the activity align with the MOU objectives?	1	2	3	4 5
11.	SUSTAINABILITY: If required, is the proposed initiative able to stand on its own without continued sustainment funding?	2	3	4	5 1
12.	FEASIBILITY: Is this activity feasible based on budget, proposed staff support, expected outcomes and deliverables?	1	2	3	4 5
13.	ASSESSMENT: Does this activity identify a plan or measuring success?	1	2	3	4 5

FE expenditures must align with at least one of the following goals of the **2019 Memorandum of Understanding on Regional and Local Engagement**:

- To improve communication and relationships among the medical staff so that their views are more effectively represented.
- To prioritize issues that significantly affect physicians and patient care.
- To support medical staff contributions to the development and achievement of health authority plans and initiatives that directly affect physicians.
- To have meaningful interactions between the medical staff and health authority leaders, including physicians in formal HA medical leadership roles.